

MENTORING APPLICATION

		Date:	
Full Legal Name:			
Home Address:			
City:	State	:Zipcod	le:
Mailing Address (if different than above):			
Phone:			
Home:	Work	: Ce	ell:
Best time to contact you:			_
Drivers License Number:			Exp Date:
Education:			
High School		Some College	Trade/Vocational
Bachelors		Masters	Doctorate
Current Employer:			
Position:		Adress:	
Special Skills or Training:			
Do you speak a foreign language?			
Please list three references <u>including email a</u>	and phone	number so that we may contact them ((no relatives):
Name:		Relationship to you:	
Email:		Phone:	
Name:		Relationship to you: Phone:	
Email:			
Name:		Relationship to you:	
Email:		Phone:	
Emergency Contact:		Phone:	
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Statement of Agreement

Please fill out the form below. A criminal background check is also required as a precautionary measure in protection of the Aspire Mentoring Program, the children/families we serve, and the city of Longview. That form will be completed at New Mentor Orientation.

Read each statement, check the box, and indicate agreement by your signature below.

SIGNATURE:	DATE:
	List any states you have lived in besides Texas and how long you resided there:
	If you HAVE been convicted and/or placed on probation, please list date and nature of offense.
	I have NOT been convicted and/or placed on probation for any criminal offense.
	result in my not being further considered for employemnt or volunteerism.
	authorized. Furthermore, I understand that my failure to execute this informed consent will
	remise the City of Longview, its employees, agents, and representatives, from any and all causes of action or liability which I may have or which arise out of, or as a result of, the reports herein
	Criminal History Report, and/or a Wanted Information Report on me. I release, relinquish, and
	I hereby consent to the City of Longview to make any requests for a Drivers License Record, a
	may deem it necessary to obtain a Driver's License Record and/or a Criminal Conviction History and Wanted Information Reports on individuals volunteering for the City of Longview.
	I understand that depending upon the nature of the volunteer assignment, the City of Longview
	at any time.
	I understand that my volunteer assignment with the City of Longview may be terminated
	or otherwise jeopardize public trust in the City of Longview will result in dismissal.
	I understand that any conduct or pattern of conduct that would tend to disrupt, diminish,
	products while volunteering for the City of Longview.
	I agree not to consume, use, possess, or be under the influence of any drug or alcohol





MENTOR SURVEY

This information will help us know more about you and allow us to match you with a Mentee that is compatible with you. Please fill this out as correct and honestly as you can.

Name:		Ethnicity:		
Marital Status:	Spouse/Partner Name:			
Select the times and days that would be conv	venient for you to meet with your Me	entee.		
Monday	Tuesday		Wednesday	
Thursday	Friday		Weekends	
Lunchtime	Evening		other times during	
			the school day	
Please list preferred School District:				
Please list preferred Campus:				
Which age group are you interested in worki	ng with? Select all that apply:			
Elementary: Grades 1-5				
Middle/JH: Grades 6-8				
High School: Grades 9-12				
List any language, besides English, that you c	can fluently speak:			
Would you have any concerns about working	g with:			
a very active child	child with ADHD			
child of a different race		overweight child		
child with learning disability		child with emotional problems		
child with behavior problems		_		
Would you describe yourself as:				
outgoing	athletic/enjoys sports		shy	
friendly	outdoorsy/enjoys nature		quiet	
musical/theatrical	prefers indoor activity		other	
high energy	computer/tech enthusiast		laid back	
Hobbies/Interests:				
Please state why you'd like to become a mer	ntor:			
i icase state with you a like to become a men				